

13 CV 7413

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKOMRAN L. MOSTAFA

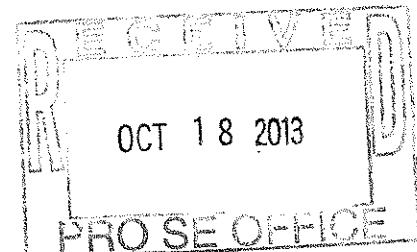
(In the space above enter the full name(s) of the plaintiff(s).)

-against-

city of New Yorkat Mid Hudson Psychiatric  
Center Hospital

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial:  Yes  No  
(check one)

## I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name OMRAN L. MOSTAFAID # 8543

Current Institution

Address P.O. Box 158 - Route 17 M  
Mid Hudson Psychiatric  
Center Hospital, New Hampton  
N.Y 10958 - 0158 H.U. 43-44

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name City of New York Shield # 43-44 H-U  
Where Currently Employed at mid Hudson center  
Address P.O. Box 158 Route 17 M  
New Hampton N.Y 10958

Defendant No. 2

Name PATIENT ACCOUNT Shield # H.U 43-44  
 Where Currently Employed MIS MANAGER and MIS Linda  
 Address Mid Hudson Center Route 17 M  
New Hampton New York 10958

Defendant No. 3

Name Mid Hudson center Shield # \_\_\_\_\_  
 Where Currently Employed MR. JOSE SEGURA  
 Address Director Administration at  
New Hampton New York 10958

Defendant No. 4

Name Luthor Hamilton Shield # Director Manager  
 Where Currently Employed Mid Hudson center  
 Address New Hampton New York 10958  
Route 17 M H.U. 43-44.

Defendant No. 5

Name PEGGI Healy, Executive Shield # \_\_\_\_\_  
 Where Currently Employed Director at Mid  
 Address Hudson Center P.O. Box 158  
Route 17 M, New Hampton  
N.Y 10958.

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

in the Mid Hudson Facility Before I To be  
 [REDACTED] A place in institution of the jail

B. Where in the institution did the events giving rise to your claim(s) occur?

at Mid Hudson Hospital P.O. Box 158  
Route 17 M New Hampton N.Y 10958

C. What date and approximate time did the events giving rise to your claim(s) occur?

at the day [REDACTED] I Retaining  
to jail on the day 11/17/2012

## D. Facts:

stolen property account

What happened to you?

Patient un authorized use by not sent my money account to the Facility at Rikes I know. on the day 4/16/2012 and stolen property account moneys at the patient Account Manager.

Who did what?

her name is Mis: Linda and MR Jose Segura Director Administration and MR: Peggy Healy Executive Director and MR: Hamilton the Director Manager of Social Services → and mis Leontay

Who else saw what happened?

I have my Release money Reset and I did not get my property Money. is Missing it is illegal ground and violated my right

## III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I went through pain and anguish suffering for not getting my property moneys and cruel unusual punishment and framed and losing my moneys and mental anguish and no getting my Hygine need.

## IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

## A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

\* Yes        No

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the event giving rise to your claim(s).

*happen on the jail facility  
and Mid Hudson Center Route 17A, et  
new hampton, NY 10958.*

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No \_\_\_\_\_ Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No  Do Not Know \_\_\_\_\_

If YES, which claim(s)? \_\_\_\_\_

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No \_\_\_\_\_

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

*at the facility and the mid Hudson center*

1. Which claim(s) in this complaint did you grieve? *claim No. 2012 P D 022439*

*Acknowledgment*

2. What was the result, if any? *Acknowledgment my claim  
by resolve law suite - Law suite*

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

*I have been granted acknowledge my  
claim by the court office the commissioner  
to reate my claim and resolve my  
law suite.*

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

*I did file grievance and  
was no resolute to my  
money property.*

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their responses, if any:

to the city of new york  
office of comptroller at "1" center  
street Room 1200 new york, NY 10007

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. that about the facts is the patient  
account manager and the social Services  
mrs Linda and misleantoy and the Director  
MR : Hamilton and MR Peggy damage my  
property money's account by not send  
my money's and un authorized use and stealing

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). I ask to get my property

money's and pay one milion Dollar  
to me and to the City of New York  
becons the mid Hudson center Account  
has violated my Right it is a illegal  
A illegal fraud to stealing my money's  
property and damage my life and  
property money's and suffering from Hyginitic  
need and Freedmed and losing my money's  
and my freedom.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes        No ✓

On  
these  
claims

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ *N/A*

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No *C*

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_ *N/A*

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)  
*N/A*

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 8 day of 22 2013

Signature of Plaintiff

Inmate Number

Institution Address

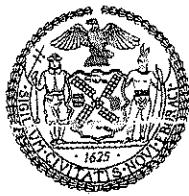
O'MR Sabo Jr. aka O'Meara Mastafo  
8543  
P.O. Box 158 Mid  
Hudson Center Hospital  
Rout 17A New Hampton  
New York 10958 H-1-43-44

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 8 day of 22, 2013 I am delivering this complaint to prison authorities to be mailed to the Pro Se Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

O'MR Sabo Jr. aka O'Meara Mastafo  
SS



THE CITY OF NEW YORK  
 OFFICE OF THE COMPTROLLER  
 CLAIMS AND ADJUDICATIONS  
 1 CENTRE STREET ROOM 1200  
 NEW YORK, N.Y. 10007-2341

Michael Aaronson  
 Chief, Bureau of Law and  
 Adjustment

015 - 151

John C. Liu  
 COMPTROLLER

Date: 08/30/2012  
 Claim No: 2012PD022439  
 RE: Acknowledgment of Claim

MOSTAPA OMRAN 8951200473  
 15-15 HAZEN ST  
 BRONX, NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at either 212-669-8750 for property damage claims or 212-669-4445 for claims involving personal injury.

Sincerely,  
 Michael Aaronson

